Ponteix & Area Primary Health Care Community Planning Report

Community Planning Event October 3, 2011
Report Approved & Distributed November 9, 2011
Revised & Re-Distributed December 28, 2011

TABLE OF CONTENTS

1	EXECUTIVE SUMMARY	3
1.1	Establishment of the Primary Health Care Community Steering Committee	4
1.2	Description of Ponteix and Area	4
1.3	Overview of Planning Event Results	6
2	PLANNING PROCESS	7
2.1	Facilitated Planning Approach	7
2.2	What is Primary Health Care?	8
2.3	What is a Healthy Community? Visioning	8
2.4	Current State – "Where are we now?"	9
2.4.1	Demographics	9
2.4.2	Local Health Care Services	10
2.4.3	Other Community Assets and Resources	10
3	PLANNING QUESTIONS	12
3.1	Identifying Community Health Needs and Gaps	12
3.2	Identifying Priorities	15
3.3	Strengths of Communities to Address Priorities	16
3.4	Weakness of Communities to Address Priorities	16
3.5	Obstacles and/or Challenges in Addressing Priorities	17
3.6	Benefits of Addressing Priorities	17
4	NEXT STEPS	18
5	APPENDICES	19
5.1	Appendix: Community Planning Participants	19
5.2	Appendix: What is Primary Health Care?	21
5.3	Appendix: Community Planning Purpose & Vision	29
5.4	Appendix: What makes us Healthy?	30
5.5	Appendix: Current State	32
5.6	Appendix: Community Needs/Gaps	39
5.7	Appendix: Evaluations (38 received)	40

Ponteix & Area Primary Health Care Community Planning Report, November 2011 is available at www.townofponteix.com and www.cypresshealth.ca.

1 EXECUTIVE SUMMARY

In 2002, Saskatchewan Health published the Saskatchewan Action Plan for Primary Health Care which includes a key goal to have an integrated system of health services available on a 24 hour, 7 days a week basis via health region networks and teams of health care providers. Cypress Health Region rose to the challenge and began planning for the development of Primary Health Care sites throughout the region. As of 2011, there are seven primary health care sites operating within the Cypress Health Region, all of which are rural based.

Primary Health Care has been defined as a holistic approach to the provision of services to individuals, families, communities and populations. Primary health care models utilize a proactive approach to preventing health problems before they occur and ensuring better management and follow-up, once a health problem has occurred. Since many of the factors that affect health occur outside of the health care system, primary health care also works with intersectoral partners and community groups to address broader community needs. (Saskatchewan Health 2002)

Primary Health Care:

- Is a philosophy of health care
- Is an approach to providing health services
- Includes a wide range of co-ordinated services including prevention, health promotion, treatment and rehabilitation
- Is provided using a team approach
- Recognizes the relationship between physical, mental, social and spiritual well-being
- Is the public and community service providers working together to plan and develop services
- Links with agencies and organizations such as social services, the education system, recreational facilities and groups, police and law enforcement services, municipal governments, and other local community organizations to address factors that influence health (like housing, education, employment, income, and social supports)

The principles of Primary Health Care are:

- Accessibility
- Public participation
- Effective health promotion and disease prevention
- Appropriate technology
- Intersectoral co-operation
- Patient / client centered care
- Community development
- Proactive and collaborative approaches to management of chronic disease
- A human resource continuum
- The integration and co-ordination of services

1.1 Establishment of the Primary Health Care Community Steering Committee

Public participation is a core principle of primary health care. Cypress Health Region supports the development of meaningful partnerships with communities in order to identify health related needs and priorities for decision making. Local community planning committees are the vehicle to developing these partnerships. In each community under development, a community planning committee is established with responsibility for the development of the plan for primary health care in their communities.

The Ponteix & Area Primary Health Care Community Steering Committee was established in August of 2011. Since this time, the Community Steering Committee worked on a number of items to promote local primary health care services including the transition to a primary health care model at the Ponteix Health Centre. The Community Steering Committee also collaborated to plan and organize a community planning event.

This Community Planning event was held on October 3, 2011. Thank you's go out to all members of the Community Steering Committee for assisting with this community planning process.

1.2 Description of Ponteix and Area

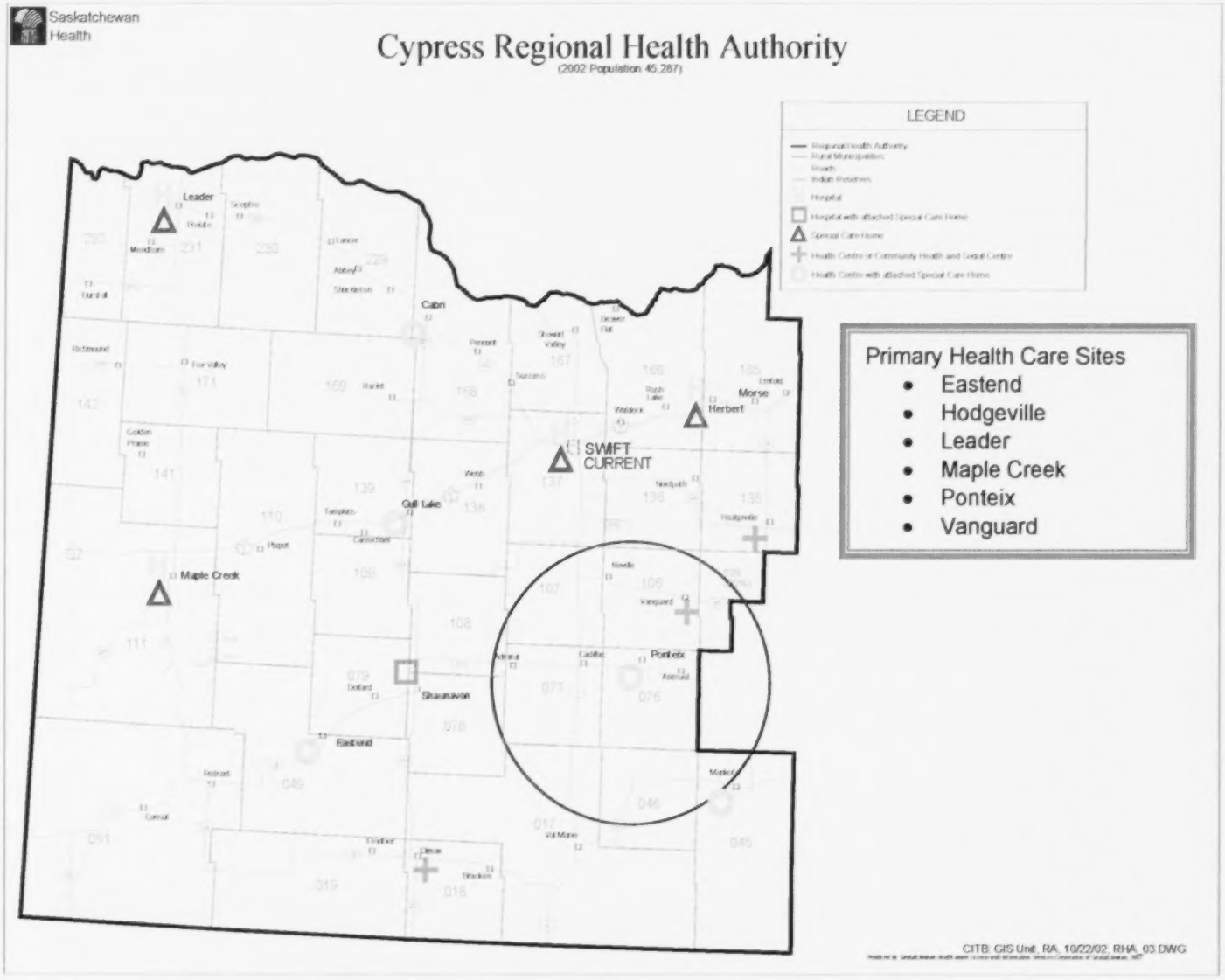
As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to nearly 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The region stretches from the South Saskatchewan River (its northern border) to the United States of America (southern border) to Alberta (western border) and east until the Morse/Mankota area. It currently has a population of 44, 302 residents (as per the Ministry's Covered Population Report dated June 30, 2010) spread over a land mass of approximately 44, 000 square kilometers. The region has a diverse population including 30 Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 5% of the health region's population is comprised of the Hutterian culture.

Ponteix and surrounding communities have a catchment population of 1075 which includes the Village of Cadillac and the Rural Municipality (RM) of Auvergne (Ministry of Health, Covered Population, June 30 2010). This accounts for approximately 2% of the Cypress Health Region population. This catchment population includes one of the 30 Hutterite communities that reside in Cypress Health Region and comprises of 85 community members. First Nations population is little to none in the area. Although there has been an influx of Mexican Mennonite and Pilipino populations in the area, no statistical data has been captured to date. Ponteix also draws people from the RMs of Glen Bain, Glen McPherson, Lac Pelletier, Val Marie, Whiska Creek, and Wise Creek.

Geographically, people living within this rural area are a minimum of 60 minutes from urban centers of Swift Current and Assiniboia.

There are several small businesses in the communities, with many of them located in the town of Ponteix. Ponteix & the surrounding rural areas have a strong community spirit, enthusiastic volunteers, and experienced leadership.

Map of Ponteix and Area Communities:



1.3 Overview of Planning Event Results

The community planning event was held at the Ponteix Cultural Centre Royer on October 3, 2011. 58 community members and/or service providers attended the event and actively participated in the process. Refer to Appendix 5.1 for a complete list of participants.

The purpose of the community planning event was:

- To have the community identify their health needs in the area.
- To have the community prioritize these identified health needs.
- To engage community members to participate in addressing the identified priorities.

Proposed Vision:
People of Ponteix and surrounding areas are actively engaged in building a healthier community.

Identified community priorities included:

1. Enhanced primary health care services available Monday to Friday at the Ponteix Health Centre with emergency on call services and home care services available seven days per week including the implementation of electronic health records in 2012.
2. Work with community schools, organizations, service clubs, and the food industry to implement nutrition and lifestyle choices for a healthier community.
3. Promote and support the resources and services that are currently available for health education and prevention through community members and health care professionals. Identify, coordinate, and support to fill program needs in the community.

Refer to pages 13-15 for a complete list of community priorities.

2 PLANNING PROCESS

2.1 Facilitated Planning Approach

The Primary Health Care Facilitator used a Facilitated Participatory planning approach and followed the outline below to gather data and information needed for the Ponteix and area Community Plan 2011. After each presentation the participants made observations on the information, and on what the information means for the communities. Observations or summaries are provided after each section.

1. **What is Primary Health Care?**
2. **What is a Healthy Community?**
3. **What is Your Vision for a Healthier Community in Ponteix & area?**
4. **What Current State Data do we need to look at?**
    - **Demographics**
    - **Local Health Care Services**
    - **Community Assets & Services**
    - **Other Community Assets/services**
    - **What Others are Saying**
5. **What do we need to do to be healthier, more active, more engaged?**
    - **Identify health needs**
6. **What are the Priorities for the next 3 years?**
    - **Identify communities' strengths, weaknesses, challenges and benefits of addressing the priorities**
    - **Identify who will take the lead and who needs to be involved to address these priorities**

2.2 What is Primary Health Care?

On October 17, 2011, Cypress Health Region welcomed the community of Ponteix as the newest site utilizing a primary health care model. With transition to this new model of care an update on the definition and goals of primary health care, and how this might look at the Ponteix Health Centre was provided at the beginning of the community planning event. The priorities that arise from the community planning event may affect how primary health care functions at the Ponteix Health Centre. Refer to Appendix 5.2.

Through a focused conversation, the following observations/concerns were made:

- Finally.
- Supplements the physician.
- Team focused rather than individual.
- Individual is more involved in care plan.
- Taking each other's wisdom.
- Technology.
- Access to variety of health care professionals.
- Will take some fine tuning.
- Will Emergency Medical Services (EMS) have access to Primary Health Care's electronic health record?
- Will the electronic health record integrate with the Pharmacy Information Program (PIP)?
- Generally people aren't trained in technology.
- Power surges?
- What happens to the whole system if it loses the physician?
- Quality of care with tele/video conferencing?

Summary statement by participants: Increased access, where and when you need them.

2.3 What is a Healthy Community? Visioning

Reflecting on the environment in which primary health care will be developed, the participants reviewed information on what is a healthy community including definitions, review of health determinants and a review of the working vision.

Proposed Vision:
People of Ponteix and surrounding areas are actively engaged in building a healthier community.

What is a Healthy Community?
The availability and quality of health care certainly influences your health, but so do many other factors – these factors can be referred to as the determinants of health. Influences on people's health include:

- The social and economic environment
- The physical environment
- Each person's individual characteristics and behaviors

Imagine ... A Healthy Community

- Healthy lifestyles.
- A vibrant economy.
- Affordable housing.
- Protected parks and green space.
- Accessible community services.
- Thriving neighborhoods.
- Clean air and water.
- A sustainable environment.
- Ethnic and cultural diversity.
- Healthy public policy.
- Engaged citizens.

A healthy community is all of this, and more (BC Healthy Communities). Refer to Appendix 5.3 & 5.4 for more details on information presented on Purpose, Vision and "What is a Healthy Community?"

Summary statement by participants: Personal health is not specific to health care but lots of other aspects of your life.

2.4 Current State – "Where are we now?"

A variety of information and data on demographics, current health services, community assets and resources, etc. was considered. Local demographic data, other than Covered Population data, to Ponteix and surrounding communities was difficult to attain.

2.4.1 Demographics

The participants reviewed information on Covered Population. Covered Population is a report that is published annually by the Ministry of Health. It is a count of all persons who held Saskatchewan health coverage on June 30th of that year. Refer to Appendix 5.5(i).

Through a focused conversation, the following observations/concerns were made:

- Huge drop in rural municipal (RM) population.
- Increase in Town of Ponteix population.
- It isn't only happening in Ponteix, but in Saskatchewan overall.
- Increase in number of immigrants into Ponteix.
- Question the numbers for RM of Auvergne; it seems low as there are 85 people living on the Hutterite colony.
- There are lots of people moving from larger centers to rural centers.

- People from other provinces are moving into Saskatchewan.
- Surrounding RM's would consider Ponteix a major center.
- Increase in number of babies born in this area.
- Trade area is 3,000 to 3,500 people including the RMs of Glen McPherson, Mankota, Val Marie, Wise Creek, and Lac Pelletier.
- Community as a whole is still vibrant, viable, and growing.
- Still in need to all: health, community, churches, stores, schools, emergency, recreation, services, etc.

2.4.2 Local Health Care Services

An overview of Cypress Health Region's Primary Health Care services and programs at Ponteix was provided. The participants reviewed a list of available health services that included both local and visiting services. Refer to Appendix 5.5(ii).

Through a focused conversation, the following additions were made:

- Occupational Therapist (OT) and Physiotherapy/OT Assistant
- Dental Health Educator through Five Hills Health Region
- Speech Language Pathologist
- Ambulance services
- Massage Therapy services 2x/month

2.4.3 Other Community Assets and Resources

The Community Steering Committee created a list of community assets and resources prior to the community planning event. The list was categorized for ease of reading. Refer to Appendix 5.5 (iii).

The participants brainstormed additional community assets and resources within their communities.

These included:

- Various grain transport businesses
- Hutterite church
- Flying spray applicator
- Building mover
- Lawyer
- Railroad
- Music for youth (piano)
- Home care
- Convent
- Co-op agriculture and farm
- Car wash

- Preschool
- Towing – Ray's Autobody
- Gabriel Residence
- Tourism Committee
- Lutheran Church
- Reverse osmosis/spring water (Car Wash, Ray's Auto Body, Harron's Building Centre)
- Produce (food) by the Ponteix Colony
- Hunting/fishing "Reel Em In"
- Visiting Veterinarian services (Allan Raymond)
- Yard and garden (R&E Yard Services)
- Clem's Construction
- Ram Fencing
- Hardware – lumber
- Bridges Care Home has suites so does the old hospital Gabriel Hospital
- Agriculture Farm; add "farm supplies" at Viterra
- Truck driver, Tourigny Bros, 1 more
- Pig Barns, Red Coat Barn, Notukeu Barn
- Back Hoe, Clint Lamotte, Em Hattum
- Catering, Bakery and Splitters
- AG Foods/butcher
- Mennonite Church
- 4-Plex Rental Suites
- Community Garden
- Banking, Small Business Development
- Hair stylists
- Funeral Home
- ATM machines
- Clem's Septic Services
- Community Radio from 0900 to 1000 hrs

Through a focused conversation, the following observations/concerns were made for all current state data:

- Add statistics about percentage of people that seek services outside of Ponteix, outside of Cypress Health Region, and outside of province.
- Got everything but health care services needed.
- Only got doc 2 days/week.
- Close reflection of the 75/25% [Determinants of Health; refer to Appendix 5.4].
- Good office space available at old hospital.
- Didn't know about some of the services listed; need to advertise better.
- Easier to focus on what you don't have instead of what you do have.
- Strong on services, short on industry.

Summary statement by participants for all current state data: Most of the services in Ponteix [and area] are good except for healthcare. Ponteix has everything to meet people's basic needs.

3 PLANNING QUESTIONS

3.1 Identifying Community Health Needs and Gaps

Once a vision is established and the current state is considered, it becomes apparent that there is a gap between what is happening now and the desired future state. The participants were asked to identify the gaps between the current state and the future vision.

What do we, our community (ies) & area need to do over the next three years to be healthier, more active, more engaged?

33 votes #1 priority	21 votes #2 priority	18 votes #3 priority	12 votes	11 votes	8 votes	5 votes	4 votes	3 votes	2 votes	1 vote	1 vote	1 vote	0 votes	0 votes
Full Time Primary Health Care	Implement Healthy Lifestyle Choices	Promote & Support Health Education and Prevention	Pharmacy Services	More Community Cooperation	Become Aware of Available Services	Dental Services	Enhance/ Expand Economic Development	Implement-ation of Secondary Health Care Professionals	Improving Youth Social Group Access	Improve availability to affordable/ safe housing	Lobby for Improving Access to Medical Benefits	Ownership of Personal Health Care	Accessible Transportation	Maintain and Enhance Education
PHC [Lead] (Shannon Runcie, Carrianne Schultz, Yolanda Harrison, Greg Dunn, Janice Therrien), **CSC** (E.T. Binette, Robert Carignan, Adele Boisjoli, Nora Tinant, Lynne Lemieux), Allan Oliver, Melissa Carignan, Brian Walters	**CSC [Lead]** (E.T, Binette, Robert Carignan, Lynne Lemieux), **SCC** (Trish Carleton), **SRC** (Lane Larochelle), Cathy Knox, Krista Tourigny, Dolores Laverdiere, Crystal Raymond, Adele Boisjoli, Annette Labelle, Ed Scully, Edna Cyrenne, John Wollman, Nole Glen	**Health professionals at Ponteix Health Centre [Lead]** (Penny Janis, Donna Selenski, Sherry Hornung, Jody Rice, Darla McGillvary), Chronic Disease Educators (Sheila Dempsey, Marlene Deobald), Cathy Knox, Cindy Legrand, Crystal Raymond, **SCC** (Trish Carleton) **Rec** (Lynne Lemieux), Melissa Carignan, Krista Borgeson, Shalayne Baker												

Provide full-time NP/Dr. Primary Health Care Site 8am-5pm M-F	Restaurant meals with nutritious items	Education on diet, diabetes, depression, diseases	Need to establish dental/pharmacy services	Need of volunteers	Increase awareness of options and available health services	Dental Health Services	Daycare centres full-time 7d/wk	Visiting podiatrist	Teens – need someplace to go, especially in evenings	Affordable housing	Free basic medicines and vitamins	Individual health responsibility	Senior transportation	Maintain and enhance education (public education schools, adult education, skills courses)
Full-time 24 hr/365 days Home Care Services	Implement healthy lifestyle changes as a community	Health education (ie. Senior Health Expo)	Pharmacy	Willing to work with groups and individuals	Promote local services available/utilize those services	Visiting Dentist	Better recycling facilities	Chiropractic services	Toddlers need "spray park" at the swimming pool		More affordable health insurance	Annual medical exam	Transportation for appointments	
After hour service for emergency care	Increase physical activity; enhance programming (running/walking clubs/fitness centre)	Diabetes support group		More community events	Advertise properly all changes at the health centre (clinic hours, etc)		More economic activity to generate jobs/programs	Optometrist	Youth groups (cubs, scouts, brownies, girl guides)		Free cervical immunization for adult women	Be accountable for you, self advocate	Better utilization of community van for city appointments	
Full-time Doctor	Senior exercise group	Early intervention (preschool, healthy eating/lifestyle, safety awareness)		More community cooperation (less competition for community people/events)				Bilingual speech therapist	Bus to take teens to Swift Current for movie night		Increased LTC funding for Levels 1 & 2			
Continued ambulance service	More recreational programs (group exercise in the park)	Arthritis self-help program												
More hours of Dr/NP coverage	Group cooking for seniors/single people	Prevention of chronic disease												

Electronic records for fewer duplicates of tests and records	Change lifestyle to become more active	Improve resources for families												
Meals On Wheels on weekends	Eat healthier	More emphasis on emotional and mental health												
		Education on drugs & alcohol												

Legend:
PHC – Primary Health Care
CSC – Community Steering Committee

Strategy Statements for above columns:

1. Enhanced primary health care services available Monday to Friday at the Ponteix Health Centre with emergency on call services and home care services available seven days per week including the implementation of electronic health records in 2012.
2. Work with community schools, organizations, service clubs, and the food industry to implement nutrition and lifestyle choices for a healthier community.
3. Promote and support the resources and services that are currently available for health education and prevention through community members and health care professionals. Identify, coordinate, and support to fill program needs in the community.
4. Promote and support to sustain local pharmacy services.
5. Encourage collaboration amongst community groups to establish and support the needs of the community.
6. Become aware of available services (addressed in priority 3).
7. Establish and support a local dentist.
8. Promote economic development to encourage community growth and development.
9. Improve and enhance our health care services with the implementation of services such as a bilingual Speech Language Pathologist, a Podiatrist, an Optometrist, and a Chiropractor.
10. Develop and establish youth (0-18yrs) programs, activities and resources to promote youth networking.
11. Promote and ensure community members have housing options available to them.
12. Identify and promote current medical coverage and social programs. Lobby to enhance medical short falls and needs.
13. Advocate personal ownership and accountability of your health care needs.
14. Organize and coordinate a pool of volunteer drivers to enhance the accessibility of transportation.
15. Research the need, coordinate and promote educational training opportunities to community members.

3.2 Identifying Priorities

The following focused conversation took place to help prioritize the 15 identified health needs. Each participant was allowed 3 votes with only one vote allowed per identified need.

Given limited resources, what would be the top 3 priorities to focus on for the next year?

- *What would be the easiest?*
- *What would be the hardest?*
- *Would make the most difference?*
- *Could be done with existing resources?*
- *Needs to be done first?*

Top 3 Identified Community Priorities:

1. Enhanced primary health care services available Monday to Friday at the Ponteix Health Centre with emergency on call services and home care services available seven days per week including the implementation of electronic health records in 2012.
2. Work with community schools, organizations, service clubs, and the food industry to implement nutrition and lifestyle choices for a healthier community.
3. Promote and support the resources and services that are currently available for health education and prevention through community members and health care professionals. Identify, coordinate, and support to fill program needs in the community.

3.3 Strengths of Communities to Address Priorities

Reflecting on the priorities identified, participants were asked to identify the strengths in their communities to address these priorities.

What are the strengths of our communities?

- Growing and diverse community
- Ability to work together
- Have bricks 'n mortar, facilities in place
- Have all the educators in place
- Diverse population, youth to 80+
- We have do-ers, go-getters
- Multi-culturalism
- Multitude of services
- Volunteerism
- Quality education
- Personal relationships
- Diversity of professionals within the community

3.4 Weakness of Communities to Address Priorities

Reflecting on the priorities identified, participants were asked to identify the weaknesses in their communities to address these priorities.

What are the weaknesses of our communities?

- Lack of community support
- Fear of change
- Misunderstanding of services
- Funding
- Staffing
- Population
- Accessibility (lack of)
- Travel time, distance and size of our area
- Lack of knowledge of how the system works
- Not being aware of services available
- Leaving the community for medical services
- Full-time Primary Health Care currently not available
- Lack of community understanding of the capabilities of Primary Health Care and the Nurse Practitioners
- Reactive medical treatment

3.5 Obstacles and/or Challenges in Addressing Priorities

Reflecting on the priorities identified, participants were asked to identify the obstacles/challenges in their communities to address these priorities.

What are the obstacles and/or challenges we will face in addressing these priorities in our communities?

- Financial/budget
- Availability of our health care professionals
- Physician commitment
- Personal commitment to healthy lifestyle choices
- Poor attitudes, apathy, complacency
- Lack of local control of our health care system
- Lack of housing (to attract health care professionals)
- Lack of utilization of existing resources
- People that think outside of the box
- Complacency entitlement of health care workers

3.6 Benefits of Addressing Priorities

Reflecting on the priorities identified, participants were asked to identify the benefits for their communities of addressing these priorities.

What are the benefits for our communities?

- Improved health care services
- People won't leave or have to travel for health care
- Better health and health care
- Healthier community
- Less strain on healthcare systems due to healthier community
- Creates employment
- Will draw more people to the community
- Allow people to stay in our community longer
- Creates employment and financial spin offs
- More cohesive community

4 NEXT STEPS

- Melanie Thompson - Question to Community Steering Committee – should you present the community planning results to Cypress Health Region Board?
- Melanie Thompson - Information from planning session will be drafted and taken back to the Community Steering Committee members for review prior to sending out to all participants; deadline Oct 24, 2011.
- Community Steering Committee – Planning for presentation back to community groups to verify priorities and recruitment of volunteers; Oct 24-Nov 8, 2011.
- Community Steering Committee – Revisions/approval of draft report to be returned to Melanie Thompson by Oct 28, 2011.
- Melanie Thompson - Distribution to all interested participants once approved by Community Steering Committee; deadline Nov 8, 2011.
- Community Steering Committee – Promotion of community forum; Nov 8-15, 2011.
- Community Steering Committee - Presentations within community to increase awareness of event, priorities and to enlist interested parties to participate on action planning group to address priority items; Nov 16-25, 2011.
- Community Steering Committee - Set up action planning working groups – one per priority item; Nov 28-Dec 15, 2011.

5 APPENDICES

5.1 Appendix: Community Planning Participants

Ponteix

Etiennette Binette	Odette Carignan
Rosaline Carignan	Bertha Hofer
Robert Carignan	Rebecca Hofer
Lynne Lemieux	Scotty Glenda Hofer
Colby Lemieux	Annette Labelle
Diane Flanders	Laurent Desrosiers
Ken Flanders	Julius L. Sollano
Tammie Norheim	Marguerite Scherle
Sr. Marie-Paule Beliveau	Alvin Scherle
Sr. Rose-Alma Dumont	Adele Boisjoli
Melissa Carignan	Dolores Laverdiere
Andre Carignan	Brian Walters
Tabita Kendall	Greg Tinant
Krista Borgerson	Josee Bourden
Leo Thibault	Trisha Carleton
Katie Wollman	John E. Wollman
Tamra Wollman	Nole R. Gian
Ernest Lemieux	Mariella N. Mangune
Yolande Lemieux	Shawn Larochelle
Mark Tourigny	Guy Roberge
Lorraine Roberge	Alma Thibault
Lane Larochelle	Yolande Thibault

Other Communities

Gerry Oliver	Aneroid
Allan Oliver	Aneroid
Icasiana de Gala	Swift Current
Adrien Tinant	Cadillac
Nora Tinant	Cadillac
Crystal Raymond	Aneroid

Cypress Health Region Participants

Sherry Hornung	Vanguard
Jan Hornung	Vanguard
Patsy Malasky	Ponteix
Donna Selenski	Ponteix
Jody Rice	Neville
Penny Janis	Glen Bain
Krista Tourigny	Ponteix
Janice Therrien	Ponteix
Roxanne Stringer	Ponteix

Cypress Health Region Non Participants

Primary Health Care Facilitator Lydia Franc Beaurivage, Prince Albert Parkland Health Region

Primary Health Care Facilitators Melanie Thompson & Denise Levorson, Cypress Health Region

Chief Executive Officer Beth Vachon, Cypress Health Region

Executive Director of Health Services, Gloria Illerbrun

Director of Primary Health Care Shannon Runcie, Cypress Health Region

5.2 Appendix: What is Primary Health Care?

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

PRIMARY HEALTH CARE
WORKING TOGETHER FOR BETTER HEALTH

October 3, 2011

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

OUTLINE

- What is Primary Health Care?
- What are the benefits of Primary Health Care?
- Who are the members of the Primary Health Care Team?
- What will Primary Health Care look like in Ponteix?

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

PRIMARY HEALTH CARE - DEFINITION

- **Primary Health Care (PHC) is the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage ongoing health problems.**
- **PHC refers to basic, everyday health care.**
- **PHC is not new, it was defined by the World Health Organization (WHO) in 1978.**

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

WHAT IS PRIMARY HEALTH CARE?

Primary Health Care (PHC) is built on 4 key pillars:

- **Teams**
- **Information**
- **Access**
- **Healthy Living**

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

TEAMS

- Health care providers working in teams to improve the continuity of care and reduce duplication.
- Ensures you have access to the appropriate health professionals.
- You are an important member of your health care team and are involved in decisions about your own health.

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

INFORMATION

- Is about improved coordination of information between health care providers and expanded access to information for Canadians using the health system or seeking health advice.
- Using tools like electronic health records and diagnostic instruments to improve the quality, access and coordination of health information.
- Encourages greater sharing of information with you so you can make better decisions about your health and health care.

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

ACCESS

- PHC is about improving access, and ensuring that you have greater access to the right services when and where you need them.
- Recognizes that individuals may need advice, information and care outside of regular office hours.
- Primary Health Care stresses providing greater access to basic health services for more Canadians.

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

HEALTHY LIVING

- Focuses on prevention, the management of chronic conditions, and encouraging support for self-care.
- Recognizing and understanding that factors outside of the health system can influence individual and community health.
- It is about keeping you well, rather than just treating you after you have become sick.

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

PRIMARY HEALTH CARE REFORM

MEDICAL MODEL	PRIMARY HEALTH CARE
Treatment	Health promotion
Illness	Health
Cure	Prevention, care, cure
Episodic care	Continuous care
Specific problems	Comprehensive care
Individual practitioners	Teams of practitioners
Health sector alone	Intersectoral collaboration
Professional dominance	Community participation
Passive reception	Joint responsibility

Barbara Starfield, Johns Hopkins University

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

GOALS OF PRIMARY HEALTH CARE

- In September 2000, First Ministers agreed that the ultimate goal of primary health care reform was to provide all Canadians, wherever they lived, would have timely access to health services on the basis of need, not the ability to pay, regardless of where they live in Canada;
- That health care services available to Canadians would be of high quality, effective, patient-centred and safe; and
- Users do not have to repeat their health histories or undergo the same tests for every provider they see;

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

Goals of Primary Health Care

- Have access to quality home and community care services; have access to the drugs they need without undue financial hardship.
- Canadians health care system would be efficient, responsive and adaptive to their changing needs.
- That our health system is sustainable and affordable and will be here for Canadians and their children in the future.

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

WHAT WILL PHC LOOK LIKE IN PONTEIX?

The PHC Team will work with you to achieve better health:

- By promoting healthy living.
- By focusing on the individual, family and health for the community and the surrounding area.
- There will be an increased emphasis on the prevention and management of chronic diseases.
- There will be no emergency services available.
- Elective out-patient service will be available when the physician and NP are working, appointments will be required.
- There will be visiting professionals.
- The electronic health record will be implemented in 2012.

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

WHO ARE THE MEMBERS OF THE PRIMARY HEALTH CARE TEAM?

The Primary Health Care Team may include:

Family Physician
Health Centre RN
Lab/X-ray Technician
Mental Health/Addictions
Unit Assistant
Midwife
Nurse Practitioner
Public Health Nurse
Home Care Staff
Health Educator
Dietitian
Physiotherapist

Primary Health Care

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

WHAT IS A NURSE PRACTITIONER, RN(NP)?

RN(NP)s are Registered Nurses with enhanced knowledge and skills gained through additional education and clinical practice.

The RN(NP) is not a doctor nor a doctor's assistant and does not replace the doctor, or any other member of the health care team.

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

WHAT CAN A NURSE PRACTITIONER DO?

- Collaborates with other health professionals.
- Diagnose and treat minor acute illnesses and common medical disorders.
- Assess, treat and monitor common and stable chronic health conditions like diabetes and high blood pressure.
- Order and interpret diagnostic tests such as x-rays, ultrasounds, lab tests.
- Prescribe most medications.

Primary Health Care

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence

WHAT CAN A NURSE PRACTITIONER DO?

- Perform minor surgical and invasive procedures such as suturing and pap tests.
- Provide uncomplicated prenatal care and postnatal care.
- Perform histories and physicals.
- Works with you to develop a personal plan to improve your health.
- Works with communities to develop or deliver healthy living programs.

Leaders in Rural Health Excellence

QUESTIONS?

For more information about Primary Health Care, please visit the Cypress Health Region's website at www.cypresshealth.ca

5.3 Appendix: Community Planning Purpose & Vision

PURPOSE OF COMMUNITY PLANNING

- **To identify the community health needs in Ponteix & area**
- **To have Ponteix & area community members identify the health needs & establish the priorities**
- **To engage Ponteix & area community members to collaborate in addressing the community's priority activities**

5.4 Appendix: What makes us Healthy?

IMAGINE.... A HEALTHY COMMUNITY

- Healthy lifestyles.
- A vibrant economy.
- Affordable housing.
- Protected parks & green space.
- Accessible community services.
- Thriving neighborhoods.
- Clean air and water.
- A sustainable environment.
- Ethnic and cultural diversity.
- Healthy public policy.
- Engaged citizens.

A healthy community is all of this, and more.

BC Healthy Communities

IMAGINE.... A HEALTHY COMMUNITY

The availability and quality of health care certainly influences your health, but so do many other factors – determinants of health

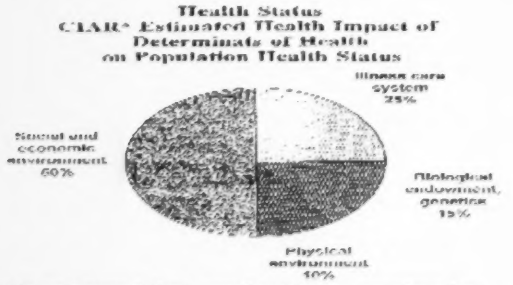
Influences on people's health include:

- The social and economic environment
- The physical environment
- Each person's individual characteristics and behaviors

Canadian Health Network

DETERMINANTS OF HEALTH

DETERMINANTS OF HEALTH


Health Status
CIAR's Estimated Health Impact of Determinants of Health on Population Health Status
Illness care system 25%
Social and economic environment 50%
Biological endowment, genetics 15%
Physical environment 10%

It is estimated that our health care system has about a 25% influence on our health.

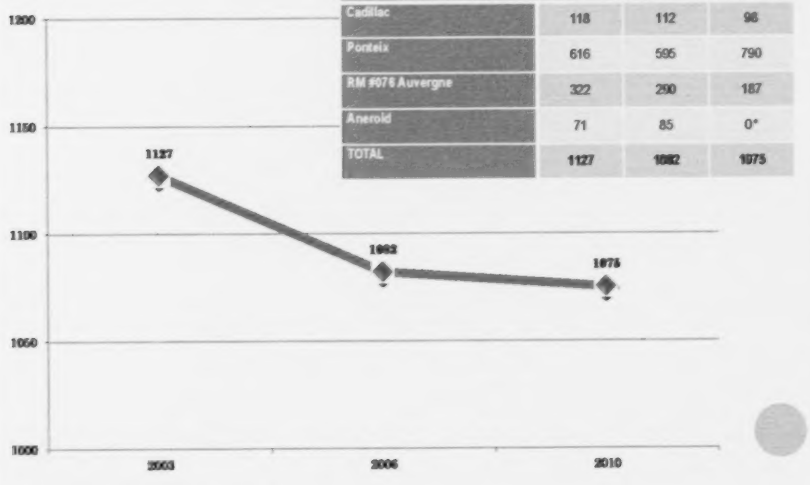
75% of our health is impacted by factors outside the health care system.

5.5 Appendix: Current State

(i) Demographics

DEMOGRAPHICS – COVERED POPULATION 2003 - 2010

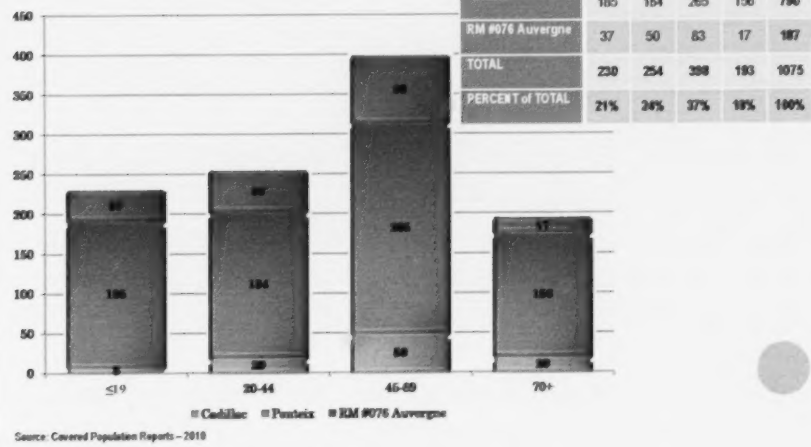
Covered Pop Ponteix & Area	2003	2006	2010
Cadillac	118	112	98
Ponteix	616	595	790
RM #076 Auvergne	322	290	187
Aneroid	71	85	0*
TOTAL	1127	1082	1075



Source: Covered Population Reports – 2003; 2006; 2010

DEMOGRAPHICS – 2010 COVERED POPULATION BY AGE

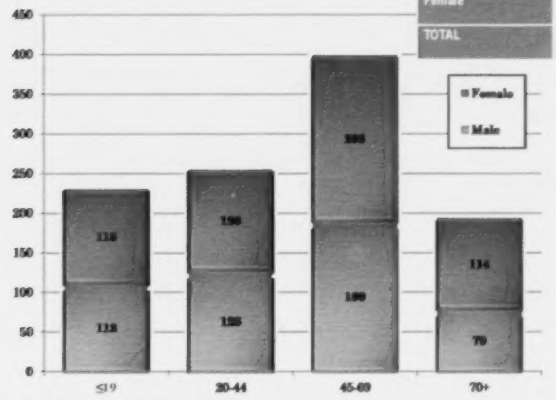
Covered Pop 2010	≤19	20-44	45-69	70+	Total
Cadillac	8	20	50	20	98
Ponteix	185	184	265	156	790
RM #076 Auvergne	37	50	83	17	187
TOTAL	230	254	398	193	1075
PERCENT of TOTAL	21%	24%	37%	18%	100%



Source: Covered Population Reports – 2010

DEMOGRAPHICS – 2010 COVERED POPULATION BY AGE & GENDER

Covered Pop 2010 Ponteix & Area	≤19	20-44	45-69	70+	Total
Male	112	128	190	79	509
Female	118	126	208	114	566
TOTAL	230	254	398	193	1075



Source: Covered Population Reports – 2010

Local Health Care Services

- **PHC Team service providers:**
  - **Physician** — **2 d/wk (T, Th)**
  - **Nurse Practitioner** — **2 d/wk (M, Th)**
  - **Registered Nurse** — **5 d/wk (M-F)**
  - **Medical Office Assistant** — **3 d/wk (M, T, Th)**
  - **Lab & Xray** — **4 d/wk (M, T, Th, F)**
  - **Home Care RN & Aides** — **5 d/wk (M-F)**
  - **Dietitian** — **5 d/wk (M-F)**
  - **St. Joseph Foyer**
  - **Bridges Personal Care Home**

Visiting Health Care Services

- **PHC Team service providers:**
  - **Public Health Nurse**
  - **Diabetes Nurse Educator**
  - **Health Educator**
  - **Addictions & Mental Health**
  - **Physiotherapy/Occupational Therapist & Aides**
  - **Team Facilitator**
  - **Manager**
  - **Other health care providers as required**

(iii) Community Assets & Resources

Town of Ponteix
Community Assets

Accommodation/Housing
20- unit Co-op Housing Complex
Motel
Camp ground with full service and non-service sites
17 one-bedroom suites

Agriculture/Farm
Viterra Chemical Supplies
Grain Elevators

Auction Services

Automotive services
Auto Body & Tire Shop
Auto Mechanic Shop
Automotive Parts

Banking
Innovation Credit Union
RBC Bank

Beauty/Personal Health
3- Hair/ Barber & Beauty Shops

Bottle Return
Sarcan- glass IT articles

Bus Depot
STC Bus 3 times a week- Mon. Wed. Fri

Butcher

Catering Service

Community & Public Services
Library
Cultural Centre & Museum
3 Community Halls
Joint (Town& 3 RM) automated Regional Library Branch

Government
Canada Post
RCMP Detachment
Service Canada- monthly

Churches
Catholic
United Church

Computer/Internet
Cultural Center
Library

Construction/Repair
Heavy Equipment Repair Shop
3- Road Building Equipment
Backhoe
Earthmoving

Education
K-12 Public School
K-12 French School
French Licensed Day Care
Play School
Music for Youth- piano

Electrician

Grocery/Confectionary
Convenient Store & Laundry
Variety Store & Gift Shop
Grocery Store & Flower Shop

Hardware
2 Hardware Stores

Health Services
30 –bed Special Care Home
18-bed personal Care Home
Resident Physician
24/7 Emergency Medical Service 3 EMT's
8/7 8:00-4:00 Health Centre
Rubicon Pharmacy Satellite
Joint (Town & RM) Volunteer Fire Department & Rescue Unit

Independent Home Business
Specialty goods- Spices, Tupperware, Candles, Cleaning Supplies, Home Décor, Beauty Products

Insurance/License Issuer
SGI Insurance 3 days @ week

Liquor/Beer Vendors
SK Liquor Store
Bar & Grill

Manufacturing
Manufacturing Centre
RM Welding Service

Museums
Cultural Center & Museum

Newspaper

Outfitters

Plumbers
Plumbing and Heating Service

Produce/Food

Services
Funeral Home
Accounting Service
Home English Licensed Day Care
Lions Van for transportation for needs
Great West Railway

Restaurants
Bakery and Restaurant

Service/Gas Stations
Petro can
Pioneer Co-op

Septic Services

Sewing/Alterations
Home Sewing Service

Shopping
Dollar Store
Second –Hand Store
Sears Catalogue Order Outlet
Lottery Centre
Movie Rental

Sports & Recreation
Casino Bus- every second Wednesday
9-hole grass Green Golf Course
Watered Baseball Diamonds
Artificial Ice and Curling and Hockey Facility
Open Air heated Swimming Pool
Fitness Centre
Tennis Court
Bowling Alley
Dance Club
Hunting and Fishing

Towing

Trucking

Veterinary Services

Yard & Garden Services

Community Groups
Legion
Knight of Columbus
Lions
Catholic Women's League
Ladies of the Parish
Les Auvergnois
Les Amis de Ponteix,
Les femmes de la federation
Ponteix Community School Council
Conseil scolaire de l'EcoleBoreale
Societe Historique
Notukeu Heritage Museum

5.6 Appendix: Community Needs/Gaps

PLANNING QUESTION

What do we, our community (ies) & area need to do over the next 3 years to be healthier, more active, more engaged?

5.7 Appendix: Evaluations (38 received)

a. Structure

- 100% (38/38) felt that the event was held in a suitable room.
- 95% (36/38) felt that the room was set up for the nature of the event. 5% (2/38) felt that the room was too small crowded with table arrangements. Suggestions were to face the stage, use the back wall to project the presentation.
- 55% (21/38) agreed that the length of the event was just right. 39% (15/38) felt that the event was too long/went too late. Many commented that it was a too long of a session for those that worked that day and work the following the day; it starts out for a long week. A few also commented that less time could have been spent on the first part of the evening and to have less repetition in information. One suggested offering less time to confirm choices.

b. Process

- 100% (38/38) agreed that the community participation principle had been respected.
- 100% (38/38) agreed that we talked about the right things. One participant commented that they felt some issues were not of real importance.
- 100% (38/38) felt that they had an opportunity to participate.
- 95% (36/38) felt that their feedback was considered. One participant commented that they felt their feedback wasn't considered.
- Some general comments made about what they liked most about the community planning process included:
  1. "respect for everyone"
  2. "bringing a good cross section of individuals together for a valuable experience"
  3. "identifying needs"
  4. "had a chance to talk, to write, to vote, to visit, and to enjoy the meeting"
  5. "working together, sharing of ideas"
  6. "being part of community involvement"
  7. "very organized and well facilitated"
  8. "it focused on the needs of the community"
  9. "it was the first step in the right direction"
  10. "the involvement of the community in planning"
  11. "it was well explained and everyone was involved"
  12. "nice mix of ethnic, cultural groups"
  13. "all ideas were considered"
  14. "exploring obvious options and prioritizing"

- One participant commented that if social and economic environment is 50% of health determinants, there should have been more emphasis on what/how to facilitate. They felt that emotional and mental health was overlooked for most part.

c. Facilitators

- 89% (34/38) agreed that the facilitators conducted the planning session well. 5% (2/38) felt that the facilitators did fair to poor.
- Some comments from participants regarding what they liked best about the facilitation process included:
  1. "brainstorming, well organized"
  2. "respectful"
  3. "waited for people"
  4. "encouraged group participation and meaningful discussion"
  5. "graphs, good presentation"
  6. "sharing of ideas"
  7. "our community pluses that we don't always think about"
  8. "easy to understand each step"
  9. "everyone had the opportunity to say something"
  10. "many opinions were expressed, not just those who have been vocal all along"
  11. "this was very much about what the community thought - the facilitator never gave her opinion but asked is this what you want"
- Comments provided from participants where they felt the facilitator struggled and skills that the facilitator could improve upon included:
  1. "use of a mobile microphone"
  2. "refine the questions, clarity, simpler"
  3. "strength of the voice"
  4. "getting the attention of the group"
  5. "speed up the first part"
  6. "some ice breakers or games to wake people up"
  7. "to get people to share early in evening"
  8. "should have included all the RMs in the district and surrounding area - ? would change the dynamics of the population of the district"
  9. "bring all the information to the meeting"

d. Everything Else

- Additional comments or suggestions regarding the event included (verbal and documented):
  1. "too many seniors, not enough young people"
  2. "more community involvement, happy positive attitude by all involved in primary care"
  3. "advertise more"

4. "many people thought they were coming to an information session on primary health care due to the changes at the Ponteix Health Centre; did not realize that there were community planning activities included in the evening"
5. "good idea to give time lines around when to expect report, when committees would convene"
6. "to be done at an earlier time of day or Saturday morning"
7. "too many health region staff"
8. "thank you!"